

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90007 026 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014961

1. Entity Name

MEADOW LAKES APARTMENTS, L.L.C.



Principal Place of Business

VILLAS AT MEADOW LAKES
 7258 SOUTH MILITARY TRAIL
 DEERFIELD BEACH, FL 33442

Mailing Address

VILLAS AT MEADOW LAKES
 1258 SOUTH MILITARY TRAIL
 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
 65-1055775

Applied For
 Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BILL ROGERS/SMITH, GAMBRELL & RUSSELL LLP
 BANK OF AMERICA TOWER - SUITE 2200
 50 NORTH LAURA STREET
 JACKSONVILLE, FL 32202

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature. Word or printed name of registered agent and file # application

NOTE: Registered agent signature required when submitting

Date

Filing Fee is \$50.00
 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
 NAME: NEWSON, KEVIN
 STREET ADDRESS: 1258 SOUTH MILITARY TRAIL
 CITY-STATE-ZIP: DEERFIELD, FL 33442

TITLE: VP
 NAME: DANIELS, VICKI
 STREET ADDRESS: 1258 SOUTH MILITARY TRAIL
 CITY-STATE-ZIP: DEERFIELD BEACH, FL 33442

TITLE:
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 CITY-STATE-ZIP:

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and the signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Donnae B. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

DeVine Phone #